



City of Del Mar
 Department of Planning and Community Development
 1050 Camino del Mar
 Del Mar, CA 92014

Phone: 858-755-9313 Fax: 858-755-2794
 Hours: M-TH 1:00 pm – 5:30 pm
 FRI 1:00 pm – 4:30 pm
www.delmar.ca.us

SPP - _____ - _____

Submittal Date: _____ Planner: _____

Fees: PL: _____ ENG: _____ GPF: _____ Noticing: _____

Receipt No.: _____ Related Projects: _____

Shoreline Protection Permit Application

APPLICATION:

Project Address:

Assessor's Parcel No(s).

Zoning: _____ Overlay Zone _____

General Plan Designation:

Does project involve work within the public right-of-way: yes no

APPLICANT:

Applicant(s):

Owner Owner's Agent Contractor Licensed Architect Licensed Engineer Other:

Business License No.:

Mailing Address:

City / State: _____ Zip: _____

Phone No(s):

Email:

Signature(s):

OWNER (if not primary applicant listed above):

Owner:

Mailing Address:

City / State: _____ Zip: _____

Phone No(s):

Email:

Signature(s)

(authorizing applicant to submit application):

APPLICANT'S REPRESENTATIVE (if applicable):

Applicant's Representative:

Mailing Address:

City / State: _____ Zip: _____

Phone No(s):

Email:

Signature:

Date: _____

Application No. _____ SiteAddress: _____

I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made a part of this application in accordance with the provisions of the City of Del Mar Ordinances, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City of Del Mar grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City of Del Mar harmless from any costs, claims or liabilities arising from the approval, including, without limitation, any award of attorney's fees that might result from the third party challenge.

Signature: _____ Date: _____
 (if other than owner, must have letter from owner)

Signature: _____ Date: _____
 (if other than owner, must have letter from owner)

PROJECT INFORMATION

Brief Description of the Project:

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1. Are there any existing structures on property?	Yes	No
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Explain:

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2. Proposed protective structure height.

a. Maximum height of protective structure:

b. Average height of protective structure:

3. Will any existing protective structure be demolished?	Yes	No
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4. Estimated cost of protective structure:	
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5. Estimated cost of proposed structure	
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6. Any previous applications?	Yes	No
Application Number:	Date Issued:	
Coastal Commission Application No.:	Date Issued:	
7. Amount of lot coverage:		
8. Is any grading proposed? (in cubic yards):	Yes	No
Amount of cut		
Amount of fill		
Maximum height of fill slope		
Maximum height of cut slope		
Amount of import or export		
Location of borrow or disposal site		
NOTE: Grading and drainage plans must be included with this application. In certain areas, an engineering geology report must also be included.		
9. Will the development extend onto or adjoin any beach, tidelands, submerged lands or public trust lands?	Yes	No
NOTE: For projects on State-owned lands, additional information may be required. Consult the Staff Representative in the Planning Department.		
10. Is the proposed development in or near a 100-year floodplain: (hydrolic mapping may be required)	Yes	No
11. Is the proposed development visible from any park, beach or recreation area:	Yes	No
12. Does the site contain any:		
Historic Resources	Yes	No
Archaeological Resources	Yes	No
Paleontological Resources	Yes	No
If yes to any of the above, please explain:		

13. Would the project in any way alter or divert a streambed or drainage course?	Yes	No
If yes, please describe:		
14. Explain how the protective structure is required to serve coastal dependent uses or to protect existing structures or public beaches in danger from erosion and when designed to eliminate or mitigate adverse impacts to local shoreline sand supply:		
15. Explain how the protective structure will minimize risks to life and property in areas of flood hazards:		
16. Explain how the proposed Shoreline Protective device will assure stability and structural integrity and neither create nor contribute significantly to erosion, geologic instability, or destruction of the site or surrounding area, nor in a way substantially alter natural landforms along bluffs and cliffs:		
17. Explain how the proposed Shoreline Protection structure is in conformity with the public access and public recreation policies of Chapter 3 of the Coastal Act:		
18. Explain how the proposed Shoreline Protection structure's material and design are consistent with good engineering practices:		

IS YOUR CONSTRUCTION PROJECT CONSIDERED A "PRIORITY"?

1. Construction site of 50 acres or more in size where grading will occur during the wet season (October 1-April 30)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Construction site of 1 acre or more and tributary to or within 200 feet of the City's Water Quality Sensitive Areas (WQSA)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is the construction site required to obtain coverage under the State General Construction Permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the previous answers resulted in a "Yes", your project is considered a "Priority Construction Project" and is subject to increased inspections by City staff along with increased construction-phase Best Management Practice (BMP) requirements.

If all of the previous answers resulted in "No", your project is considered a "Non-Priority Construction Project" and is subject only to the minimum construction-phase BMP requirements.



Construction Project Designation: **Priority** **or** **Non-Priority**
 (Check the box that applies)

By signing this form, I acknowledge that I have read and understand the statements above, and take complete responsibility for any pollutants that may be generated and discharged to the City Storm Drain System from the development site described on this form.

 Signature of Property Owner

 Date

For Department Use Only

This form has been reviewed by: _____

Staff determination as a "Priority Development Project": _____

Staff determination as a "Priority Construction Project": _____

Potential Areas of Concern/Issues

<input type="checkbox"/> Soil erosion potential	<input type="checkbox"/> Proximity of receiving water bodies
<input type="checkbox"/> Site slope	<input type="checkbox"/> Non-storm water discharges
<input type="checkbox"/> Project size and type	<input type="checkbox"/> Past record of non-compliance by the operators of the site
<input type="checkbox"/> Sensitivity of receiving water bodies	<input type="checkbox"/> Any other relevant factors (Please note in the section below)

Staff Notes: _____

Referral to City of Del Mar Clean Water Manager is needed: Yes No